

CIVIL RIGHTS COMPLAINT  
42 U.S.C. § 1983

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF NEW YORK

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\_\_\_\_\_  
Full name of plaintiff/prisoner ID#

Plaintiff,

**Alex Panzardi**  
-against-  
**officer Tatully**

**Dept Miller**

**Dept. Perez**

Enter full names of defendants  
[Make sure those listed above are  
identical to those listed in Part III.]

Defendants.

-----x

BRODIE, J.  
BLOOM, M.J.

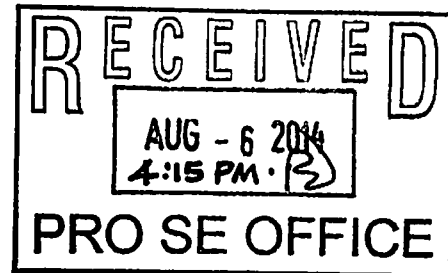
JURY TRIAL DEMAND

YES ☒ xx

NO

**CV 14**

**4707**



I. Previous Lawsuits:

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment? Yes ( ) No (☒)
- B. If your answer to A is yes, describe each lawsuit in the space below (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to this previous lawsuit:

Plaintiffs: \_\_\_\_\_  
\_\_\_\_\_

Defendants: \_\_\_\_\_  
\_\_\_\_\_

2. Court (if federal court, name the district;  
if state court, name the county)

\_\_\_\_\_

3. Docket Number: \_\_\_\_\_

4. Name of the Judge to whom case was assigned: N/A

5. Disposition: (for example: Was the case dismissed? Was it appealed? Is it still pending?) N/A

6. Approximate date of filing lawsuit: This is my first time in this matter.

7. Approximate date of disposition: N/A

II. Place of Present Confinement: Five Points Corr, Fac State Route 96  
P.O. Box 119 Romulus N.Y. 14541

A. Is there a prisoner grievance procedure in this institution? Yes ( ) No ( )

B. Did you present the facts relating to your complaint in the prisoner grievance procedure? Yes ( ) No (~~x~~) **I dint get a chance being that I was produce back to my upstate facility"immediately"**

C. If your answer is YES,

1. What steps did you take? N/A

2. What was the result? N/A

D. If your answer is NO, explain why not N/A

E. If there is no prison grievance procedure in the institution, did you complain to prison authorities? Yes ( ) No ( ) **I dint get the chance being that I was produce back to my upstate facility immediately being that**

F. If your answer is YES, **I was state property.**

1. What steps did you take? N/A

2. What was the result? N/A

**This action does not challenge any exhaustion of remedies being that I was only brought down to family court for a hearing on - august 2,2011 in front of Hon,Emelly M olshansky and the incident happend on august 8,2011 and then I was sent back upstate to my facility immediately two days later.**

III. Parties:

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff Alex Panzardi #12-A-3569

Address Five Points Corr, Fac State Route 96 P.O. Box 119  
Romulus New York 14541

(In item B below, place the full name and address of each defendant)

B. List all defendants' names and the addresses at which each defendant may be served. Plaintiff must provide the address for each defendant named.

Defendant No. 1 Officer Mr, Tatully  
1600 Hazen street  
E Elmhurst New York 11370

Defendant No. 2 Dept, Mr, Miller  
16-00 Hazen street  
E Elmhurst New York 11370

Defendant No. 3 Dept, Mr, Perez  
16-00 Hazen street  
E Elmhurst New York 11370

Defendant No. 4 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Defendant No. 5 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[Make sure that the defendants listed above are identical to those listed in the caption on page 1].

IV. Statement of Claim:

(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 ½ by 11 sheets of paper as necessary.)

1. upon information and belief that the plaintiff had a court date for -  
Family Court on August 2, 2011 to be produce in front of Hon, Emelly --  
M Olshansky. 2. upon information and belief on august 8, 2011 the plaintiff  
was assaulted by officer Tatully for unknown reason. will he was in --  
Rikers island despite the fact that the inmate was state property.
3. upon information and belief that the plaintiff was seen by medical but-  
the plaintiff did not receive the adequate care of medical attention  
on the same date that the incident occured.
4. upon information and belief that the plaintiff requested to be seen by  
the medical staff on the very next day and the plaintiff request was -  
denied for un-know reasons. 5. opun information and belief that the ---  
plaintiff allowed officer Tatully to put the handcuffs on him before  
the plaintiff was brought out his cell to go to the shower.  
see the attached please

IV. A If you are claiming injuries as a result of the events you are complaining about, describe your injuries and state what medical treatment you required. Was medical treatment received?

Plaintiff has a discheniation at his lower back and and also his  
spine suffered as well.

Plaintiff is currently on pain medication and would also need  
feature physical therapy and medical care and also need feature  
medications.

6. upon information and belief that as soon as the plaintiff came out his cell officer Tatully threw the plaintiff on the floor -- and assaulted the plaintiff with his knees and elbows on the -- plaintiff lower back which has caused injuries on the plaintiff back.
7. upon information and belief that there was camera or video --- during the course of the incident.
8. upon information and belief that officer Tatully is acting --- under the color of the state law located at 16-00 hazen street E Elmhurst New York 11370
9. upon information and belief that Dept Miller is acting under -- color of state law located at 16-00 hazen street E Elmhurst --- New York 11370
10. upon information and belief that dept Perez is acting under --- the state color law located at 16-00 hazen street E Elmhurst New York 11370
11. upon information and belief that dept miller was informed of -- the incident by the plaintiff directly when he spoke to the -- plaintiff directly on the medical room and it was all oversights or disregarded.
12. upon information and belief that Dept, Perez as being Dept, miller supervisor has fail to correct the matter and also denied the -- plaintiff medical care attention in such of matter.
13. upon information and belief that the plaintiff request to Dept, - Perez and Dept, Miller that the plaintiff needed to be seen by medical staff on the very next day and the plaintiff request --- was denied for unknown reasons.
14. upon information and belief that the plaintiff enclosed with -- this documents a medical document that indicates that the plaintiff lower back suffer injuries on his spine a dissection on the plaintiff lower back.

V. Relief:

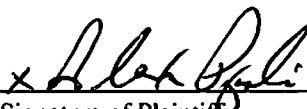
State what relief you are seeking if you prevail on your complaint.

WHEREFORE plaintiff sustained damages of his constitutional rights under the fourth,six,eighth,fourteenth amendments,sustain personal assault, personal injury,has document back damages,suffered cruel - and inhumane treatment,with denial of medical care and is entitle - to two mollion dollars in compensatory and punitive damages,against- each defendant jointntly and separately,nominal damages,together with the costs and disbursements of the action to include attorney fee's, and for such further relief as the court deems just and proper.

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I declare under penalty of perjury that on July 25, 2014, I delivered this  
(Date)  
complaint to prison authorities to be mailed to the United States District Court for the Eastern  
District of New York.

Signed this 25 day of July, 2014. I declare under penalty of  
perjury that the foregoing is true and correct.

  
Signature of Plaintiff

Five Points Corr Fac  
Name of Prison Facility

State Route 96

P.O. Box 119

Romulus New York 14541

Address

12-A-3569

Prisoner ID#

FP081 (11/00)

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONAL SERVICES

FIVE POINTS CORRECTIONAL FACILITY

HEALTH SERVICES

MEDICAL PERMIT

Inmate Name: Reed, Alex DIN: 12 A 3569

Location: 11-A2-34B

☐ Cane, Crutches, Ace Wrap

To Be Returned: \_\_\_\_\_

☐ Brace, Sling, Splint, Cast

Description: \_\_\_\_\_

To Be Returned: \_\_\_\_\_

Miscellaneous: Has a dischimation at  
L5-S1 in low back.

DH... PHE  
RN Signature

7/2/14  
Date Issued

None  
Expiration Date

White Copy - Security  
Yellow Copy - Medical Chart  
Pink Copy - Inmate

AO 240 (Rev. 07/10) Application to Proceed in District Court Without Prepaying Fees or Costs (Short Form)

# UNITED STATES DISTRICT COURT

for the

<b>Panzardi</b>	)	
<i>Plaintiff/Petitioner</i>	)	
v.	)	Civil Action No.
<b>Tatully</b>	)	
<i>Defendant/Respondent</i>	)	

## APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS (Short Form)

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested.

In support of this application, I answer the following questions under penalty of perjury:

1. *If incarcerated.* I am being held at: **Five Points Corr, Fac**  
 If employed there, or have an account in the institution, I have attached to this document a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar statement from any other institution where I was incarcerated during the last six months.

2. *If not incarcerated.* If I am employed, my employer's name and address are:

My gross pay or wages are: \$ N/A, and my take-home pay or wages are: \$ N/A per  
 (specify pay period) \_\_\_\_\_.

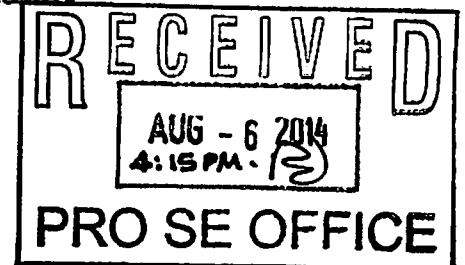
3. *Other Income.* In the past 12 months, I have received income from the following sources (check all that apply):

(a) Business, profession, or other self-employment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) Rent payments, interest, or dividends	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(c) Pension, annuity, or life insurance payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(d) Disability, or worker's compensation payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(e) Gifts, or inheritances	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Any other sources	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

1. Parents send me about 150.00 dollars a month.

2. Inmate wages, about 3.00 biweekly from the state.





AO 240 (Rev. 07/10) Application to Proceed in District Court Without Prepaying Fees or Costs (Short Form)

4. Amount of money that I have in cash or in a checking or savings account: \$ NIA.

5. Any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value that I own, including any item of value held in someone else's name (describe the property and its approximate value):

NIA

6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses (describe and provide the amount of the monthly expense):

NIA

7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support:

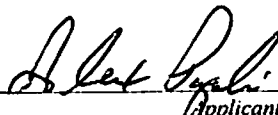
Son & Daughter in Foster Care, I have no support payments.

8. Any debts or financial obligations (describe the amounts owed and to whom they are payable):

NIA

**Declaration:** I declare under penalty of perjury that the above information is true and understand that a false statement may result in a dismissal of my claims.

Date: july 24, 2014

  
Applicant's signature  
July 24, 2014  
Printed name

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF NEW YORK

PRISONER AUTHORIZATION

Case Name: Alex Panzardi vs. Tatully  
(Enter full name of plaintiff(s)) (Enter full name of defendant(s))

Docket Number: \_\_\_\_\_ -CV- \_\_\_\_\_ ( )  
(Enter the docket number if available; if filing with your complaint, leave blank)

The Prison Litigation Reform Act ("PLRA" or "Act") amended the *in forma pauperis* statute (28 U.S.C. § 1915) and applies to your case. Under the PLRA, you are required to pay the full filing fee when bringing a civil action if you are currently incarcerated or detained in any facility. If you do not have sufficient funds in your prison account at the time your action is filed, the Court must assess and collect payments until the entire filing fee of \$350 has been paid, no matter what the outcome of the action.

SIGN AND DATE THE FOLLOWING AUTHORIZATION:

I, Alex Panzardi  
request and authorize the facility institution or agency holding me in custody to send to the Clerk of the United States District Court for the Eastern District of New York, or, if this matter is transferred to another district court, to the Clerk of the transferee court, a certified copy of my prison account statement for the past six months. I further request and authorize the facility or agency holding me in custody to calculate the amounts specified by 28 U.S.C. § 1915(b), to deduct those amounts from my prison trust fund account (or institutional equivalent), and to disburse those amounts to the United States District Court for the Eastern District of New York. This authorization shall apply to any facility or agency into whose custody I may be transferred, and to any other district court to which my case may be transferred and by which my *in forma pauperis* application may be decided.

I UNDERSTAND THAT BY SIGNING AND RETURNING THIS NOTICE TO THE COURT, THE ENTIRE COURT FILING FEE OF \$350 WILL BE PAID IN INSTALLMENTS BY AUTOMATIC DEDUCTIONS FROM MY PRISON TRUST FUND ACCOUNT EVEN IF MY CASE IS DISMISSED.

Alex Panzardi  
Signature of Plaintiff

July 24, 2014  
Date Signed

Prisoner I.D. Number(s) # 12-A-3569

Name of Current Facility Five Points Corr, Fac State Route 96  
P.O. Box 119 Romulus New York 14541